

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/18/2015
NAME OF PROVIDER OR SUPPLIER BEARDSLEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 27833 CR 24 ELKHART, IN 46517		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00188601, IN00185432 and IN00185264.</p> <p>Complaint IN00188601- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Complaint IN00185432- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Complaint IN00185264- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: December 17 & 18, 2015.</p> <p>Facility number: 004353 Provider number: 004353 AIM number: N/A</p> <p>Residential census: 39</p> <p>Sample: 3</p> <p>Beardsley House was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00188601, IN00185432 and IN00185264.</p> <p>Quality Review completed by 14454 on December 23, 2015.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE